



Certificate of Clearance

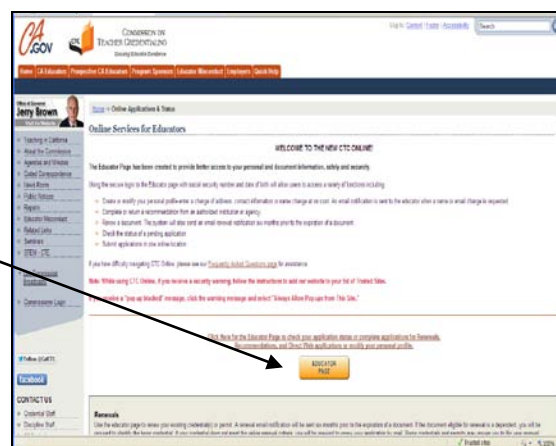
Quick tips for applicants using the Web Application Process

Before beginning student teaching or completing a practicum all individuals must obtain either a Certificate of Clearance or hold a certificate or permit issued by the Commission on Teacher Credentialing. The Certificate of Clearance requires both fingerprint clearance and completion of the Personal and Professional Fitness questions.

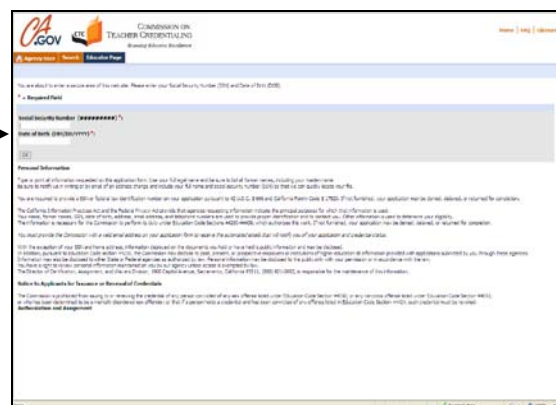
1. Complete the CTC-specific [form 41-LS](#) and take it to a [LiveScan station](#) for your fingerprints to be taken.
2. Apply for the Certificate of Clearance using the Web Application Process at the CTC website. (www.ctc.ca.gov)
3. **Important:** Before beginning the application process, be sure to turn off all pop-up blockers for this site.
 - a. Click the **Online Services for Educators** navigation button



- b. Select the button for the **Educator Page to complete your application.**



- c. Create/log in to your personal profile on the secure Educator Page using your SSN and date of birth. If creating a new profile, you will need to enter this information twice.



- d. Edit/complete your personal profile and click 'Next.'

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603 * Required field

Note: If you have questions about the information displayed below, please click here for a listing of Commission contacts

Last Name: JONGLE First Name: JALY Middle Initial: Address Line 1: 2000 CAVOTIA AVE Address Line 2: City: LAKEMAR, CA State: CA Zip Code: 95034

Last Known County of Employment: Note: Please verify County of Employment is current. Fingerprint Process Completed?

E-mail: j274767@ctc.ca.gov Work Phone: (805) 921-2682 Home Phone:

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- e. Click on the "Create New" button under Web Applications to start your application for the Certificate of Clearance

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Last Name: JONGLE First Name: JALY Middle Initial: Address Line 1: 2000 CAVOTIA AVE Address Line 2: City: LAKEMAR, CA State: CA Zip Code: 95034

Last Known County of Employment: Note: Please verify County of Employment is current. Adverse and Commission Actions Indicator: Fingerprint Process Completed?

Note: Information on Adverse and Commission Actions is available for this educator if a flag is displayed. Note: If the Fingerprint process does not display as "Complete", please refer to the Fingerprint Information on our website.

Document Application Adverse and Commission Actions

Document Number	Document Title	Terms	Status	Issue Date	Expiration Date	Original Issuance Date	Grade	Special Grade
20140105	Single Subject Teaching Credential	Preliminary	Valid	8/10/2009	8/10/2014			

Recommendations

Complete: 0. Return Application to Authorized Agency. Click the Document Title to view detailed information. Select "Yes" next to the Document Title and either "Complete", or "Return Application to Authorized Agency" with the Return Reason. No Records

Renewals

Renew: 0. If your Document(s) do not display as Renewable, please enter the Renewal Date information and/or the Fingerprint Information on our website. Select "Yes" next to the Document Title and click "Renew". No Records

Select Document Title Terms Status Issue Date Expiration Date Original Issuance Date Pick Base Credential Special Grade

Web Applications

Create New Complete Click "Create New" to start. If applicable, select "Yes" next to the Document Title and click "Complete" to continue. No Records

Select Document Title Application Status

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- f. Select the Certificate of Clearance from the drop down menus; review the checklist verifying you meet all requirements for the document, print it, click Next.

- g. Read the Disclosure page for the Professional Fitness questions and answer "Yes" to continue to the next page.

- h. Answer each of the Professional Fitness Questions, complete the Oath and Affidavit, and click Submit Payment.

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Date Received: Type: Date of Incident: Detailed Description: Action Taken:

Make if you have questions about the information displayed below, please click here for a listing of Commission contacts.

Before you proceed to payment, you must certify (or declare) that all the foregoing statements in this application are true and correct.

To do this, you must:

1. Read the Oath and Affidavit section below.
2. Enter the City, County (if applicable), State, Country.
3. Obtain your agreement by entering the pin next to the Oath and Affidavit statement.
4. If an Online Direct Application Query (Direct and Indirect) are required and not reported within 30 calendar days, your application and fee will no longer be valid.

Click here to view the Online Direct Application Checklist.

Oath and Affidavit

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

* is Required field

Order ID: 10240102

City:

Country:

State/Province/Region:

Country:

I Agree: ☐

I understand fees are non-refundable and cannot upon receipt.

Click here: ☐

Back Cancel Submit Payment

- i. The display shows the document applied for and the amount to pay. Click the Continue button.

Online Payments - Landmark Payment Solutions

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Below is a confirmation of your order. Please review your order and select 'Continue' to proceed to the billing screen.

Product Name	Description	Amount Due
CCTC Document	Certification of Competence	\$19.50
	Total	\$19.50

LexisNexis

Continue

- j. Complete the billing verification information for LexisNexis. Choose to pay with credit card (can also use debit card with Visa or MasterCard logo). Click Continue button when finished.

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Ensuring Educated Excellence

Total Amount: \$29.50

Billing Address

Payment Type: ☐ Credit Card

Card Number:

Expiration Date:

Cardholder First Name:

Cardholder Last Name:

Zip Code:

Address:

Address Country:

City:

State:

Email Address:

Phone:

Go Back Continue

LexisNexis

- k. Verify all the payment information is correct, including email address. Click Complete Payment button. **Do not click the Complete Payment button more than once.**

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Total Amount: \$29.50

Billing Address

Payment Type: ☐ Credit Card

Card Number:

Expiration Date:

Cardholder First Name:

Cardholder Last Name:

Zip Code:

Address:

Address Country:

City:

State:

Country:

Email Address:

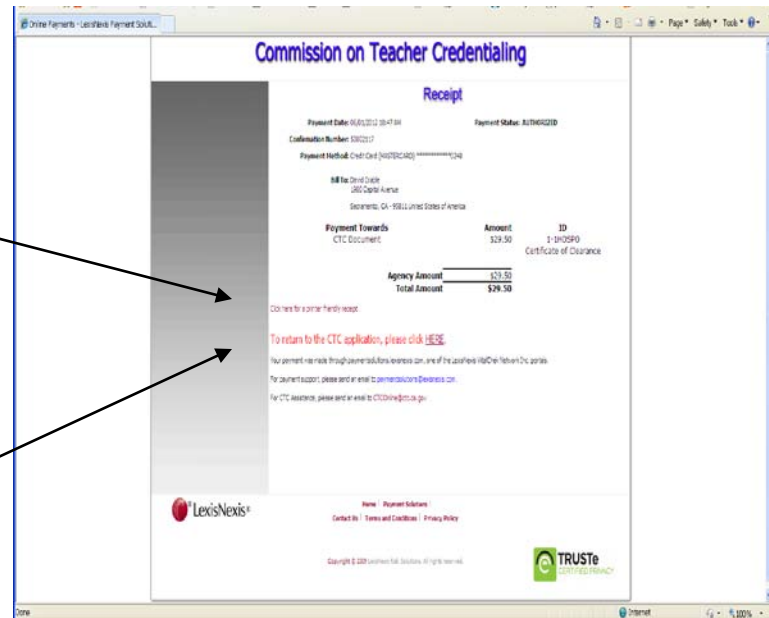
Phone:

Go Back Complete Payment

LexisNexis

- I. Use the link provided to obtain a printable receipt for your reference.

- m. After printing your receipt, you can return to CTC Online with the link "To return to the CTC application, please click here."



Note: If you answered "yes" to any of the Personal and Professional Fitness questions you must send required supporting materials to the Commission as per instructions.

This box is available for use by the IHE or County Office of Education/School District to provide specific local information such as area locations for having prints taken (LiveScan sites) or local contact information.